

SOUTH SEATTLE COMMUNITY COLLEGE

ALLEGED BIAS INCIDENT REPORT FORM UNKNOWN OFFENDER

It is important to document bias motivated incidents on our campus, even when the offender is unknown. By documenting these incidents, we keep a record of activity that affects our campus climate. This information will help us direct our attention and resources to much needed education about cultural differences on our campus.

All personal information (name, contact info, etc.) is kept confidential.

Date of Incident: _____ Time of Incident: _____

Location of Incident (*Be specific*): _____

I feel this incident was motivated by (*check all that apply*):

- Disability
- Race/Ethnicity/National Origin
- Religion
- Sexual Orientation
- Sex/Gender/Gender Identity/Gender Expression
- Other: _____

Are you able to provide descriptions of any persons or people involved in this incident?

Describe the incident (*Tell in your own words what happened, where, when, who was present, and how you found out about the incident*). Please arrange details in chronological order and, if any, attach relevant evidence:

CONTINUED

Witnesses or Others Involved:

NAME:

PHONE & EMAIL

_____	_____
_____	_____
_____	_____

Your Name: _____

E-Mail: _____

Phone: (Home) _____ (Cellular) _____

Address: _____
Street Apt. # City Zip

OPTIONAL: May we contact you regarding this incident? (circle one) Yes No

Thank you for completing this form. Please do not write below this line.

_____	_____
Print Name of BIRST Member Assisting in this Report	Incident Number

_____	_____
Signature	Date Signed